

Notice of Privacy Practices

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Effective date: April 14, 2003

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") allows the practice to make use and disclose your health information for purposes of treatment, payment, and health care operations. This information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential.

As required by "HIPAA", we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment and health care operations.

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include a physical examination.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- **Health care operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.

The health record we maintain and billing records are the physical property of the practice. You have certain rights with respect to your protected health information, which you can exercise by presenting a written request to our privacy officer. This will be honored within 72 hours. You have a right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office. We are not required to grant the request.

- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT

I understand that, under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) I have certain rights to privacy regarding my health information. I understand this information can and will be used to:

- *Conduct and direct my treatment among the mutual healthcare providers*
- *Obtain payment and billing for reimbursement for services and confirm coverage*
- *Conduct normal health care operations*
- *I have received and read your notice of privacy practices. I have been given the opportunity to ask questions I may have regarding this notice.*

X _____ Date: _____
Patient/Guardian Signature

PRINT NAME

Birthdate: _____

Address:

Phone: _____

Email: _____